

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013977

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2918

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 21 1963

1. PLACE OF DEATH a. COUNTY <del>St. Louis</del>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <del>St. Louis</del>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 37 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros.		d. STREET ADDRESS (If outside, give location) 4501 Minnesota	
3. NAME OF DECEASED (Type or print) First Middle Last Glenn Tate Waters		4. DATE OF DEATH Month Day Year March 12 1963	
5. SEX Male	6. COLOR OR RACE White	7. Marital Status Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1909
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done or profession of service, life, occupation, etc.) Construction worker		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) Matthew Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leroy D. Waters		13b. MOTHER'S MAIDEN NAME Effie Mainord	
14. NAME OF HUSBAND OR WIFE Edith Blair		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Edith Waters 4501 Minnesota	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung with metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 163XF DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 MOS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Low back sprain		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) While at work. No connection with death	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11/26/62	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT WORK TUA-		
21. I attended the deceased from 12/11/62 to 3/12/63 and last saw him alive on 3/12/63 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 6500 Chippewa St. St. Louis, Mo. 22c. DATE SIGNED 3/12/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/13/63	23c. NAME OF CEMETERY OR CREMATORY Memorial	23d. LOCATION (City, town, or county) (State) Sikeston Mo.
24. FUNERAL DIRECTOR Nunnelee Funeral Home		25. DATE RECD. BY LOCAL REG. MAR 13 1963	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

50

MEDICAL CERTIFICATION

OK

Glenn Tate Waters

3/14/63

APR 15 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James J. Crenson*

Licensed Embalmer No.

3168

P. O. Address

*Walden, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.